

FEC FORM 2
STATEMENT OF CANDIDACY

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SECRETARY OF THE SENATE
12 AUG 15 PM 2:43

1. (a) Name of Candidate (in full) Benjamin L Cardin		
(b) Address (number and street) P.O. Box 21093		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Catonsville MD 21228		2. Candidate's FEC Identification Number S6MD03177
3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought Senate	6. State & District of Candidate MD 00

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Ben Cardin for Senate		
(b) Address (number and street) P.O. Box 21093		
(c) City, State, and ZIP Code Catonsville MD 21228		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) RI MN MD Victory Fund		
(b) Address (number and street) 426 C Street, NE Suite 202		
(c) City, State, and ZIP Code Washington DC 20002		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Benjamin L. Cardin 	Date 08/10/2012
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

CA RI MN MD VICTORY FUND

(b) Address (number and street)

426 C Sreet, NE

(c) City, State and ZIP Code

Washington

DC

20002

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Senate Victory 2012

(b) Address (number and street)

426 C Street, NE

(c) City, State and ZIP Code

Washington

DC

20002

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Maryland Delaware Victory Fund

(b) Address (number and street)

426 C Street, NE

(c) City, State and ZIP Code

Washington

DC

20002

12020921583

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

[ADDITIONAL]

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Cardin-Maryland Victory 2012

(b) Address (number and street)

PO Box 70980

(c) City, State and ZIP Code

Washington

DC

20024

DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

[ADDITIONAL]

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

[ADDITIONAL]

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

12020521684

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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